



REPORT

BY THE

MEDICAL OFFICER OF HEALTH

for the Year 1925

STIRLING:
JAMIESON & MUNRO, LTD. PRINTERS, 40 CRAIGS.



ROYAL BURGH OF STIRLING



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PUBLIC HEALTH DEPARTMENT,
MUNICIPAL BUILDINGS,
STIRLING, 30th April, 1926.

TO THE PROVOST, MAGISTRATES, AND TOWN COUNCILLORS
OF THE ROYAL BURGH OF STIRLING.

LADIES AND GENTLEMEN,

I have the honour to submit my annual report on the health conditions of the Burgh.

Features of interest are low general death-rate, low death-rate from all forms of Tuberculosis, low Infantile Mortality, and increased death-rate from Cancer and Malignant Disease.

While housing conditions remain as they are, little improvement on the present conditions of health can be expected. It is not too much to say that the present state of housing is holding up the advance of Public Health in all its branches, and renders the work of maintaining sanitary and hygienic conditions extremely difficult from the administrative point of view.

Throughout the report, many inadequacies and matters requiring improvement are drawn to your notice. In many of these instances, I must frankly admit I have not suggested a remedy, or in some cases have offered but a tentative suggestion, my reason for this being that I would like to have a longer acquaintance with the various problems before giving a considered opinion, especially when hasty judgment may involve the Local Authority in ill-advised expenditure in times calling for economy. It is well, however, to keep them before our notice.

The most notable improvement during the year is the work done towards the establishment of the Tuberculosis Dispensary, which, when completed, should do much to organise the campaign against Tuberculosis, which in the past has suffered from lack of a centre for control.

In conclusion, I must very gratefully thank the Ladies' Advisory Child Welfare Committee and all the Voluntary Workers for their continued enthusiasm and support, and the staff of the Public Health Department for their devotion to duty.

I am,

Your obedient Servant,

ARCHD. PENMAN, M.B., D.P.H.

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SUMMARY OF PRINCIPAL VITAL STATISTICS.

Population,	21,018
Number of Deaths notified during the year (corrected),	268
Recorded Death-Rate (per 1,000 of population),	12.75

Maternal and Child Welfare.

Number of Births notified,	513
Number of Births registered,	499
Birth-Rate (per 1,000 of population),	22.6
Number of Deaths among children under one year,	40
Infantile Mortality (per 1,000 births)	82
Number of Deaths among children between ages of 1 and 5,	30
Proportion of Recorded Death-Rate (per 1,000 of population),	1.40
Percentage of Recorded Death-Rate,	12
Deaths due to Diseases and Accidents of Child-birth,	4
Maternal Mortality (per 1,000 births),	7.80

Tuberculosis.

Number of Deaths from Pulmonary Tuberculosis,	16
Pulmonary Tuberculosis Death-Rate,	0.74
Number of Deaths from Non-Pulmonary Tuberculosis,	14
Non-Pulmonary Tuberculosis Death-Rate,	0.65
Number of Deaths from all forms of Tuberculosis,	30
Tuberculosis Death-Rate (All forms),	1.39
Number of Deaths from principal Epidemic Diseases,	15
Zymotic Death-Rate,	0.76
Death-Rate from Cancer and Malignant Disease per 1,000 of population,	1.57

POPULATION.

It will be noted that the population of Stirling, according to the 1925 estimate of 21,018, has suffered a further diminution compared with the 1921 Census population, which was 21,345. Thus, since 1921 the loss has amounted to 327, and the Registrar-General explains this by the natural increase (excess of births over deaths) being in deficit of the loss by emigration. The national figure for the loss by emigration is obtained from the returns of the Board of Trade, and the Registrar-General distributes it pro rata among the local estimates, Stirling having to accept the proportion credited to it. How far this method of calculating the intercensal population is accurate, remains to be seen when the next Census is taken in 1931. As far as I am given to understand, the 1926 estimate will be still lower.

VITAL STATISTICS.

AVERAGE FIGURES OF PRINCIPAL VITAL STATISTICS FOR QUINQUENNIAL PERIODS SINCE 1901.

Years	Birth-Rate	Recorded Death-Rate	Death-Rate All Forms Tuberculosis	Cancer Death-Rate	Infantile Mortality	Zymotic Death-Rate
1901-1905	26.3	17.26	2.50	0.699	122	1.52
1906-1910	28.5	17.92	1.99	1.048	126	1.59
1911-1915	25.2	15.86	1.93	0.990	101	1.34
1916-1920	21.1	15.20	1.45	1.258	104	1.06
1921-1925	27.1	14.95	1.42	1.463	105	0.95

The corrected number of deaths occurring in the Burgh during the year was 268, yielding a death-rate of 12·75 per 1,000 of the population, which compares very favourably with the rates for the preceding five years, and is the lowest recorded in the Burgh since 1917, when it was 12·1. The death-rate for the years 1901-1905 averaged 17·26 per 1,000, and the average death-rate for the past quinquennium 1921-1925 is 14·95. Comparing the mortalities from various causes having a direct bearing on Public Health (Table I.) during the successive quinquennia since 1901, we note a striking reduction in the death-rate from all forms of Tuberculosis from 2·50 per 1,000 to 1·42, and also in the death-rate from principal epidemic diseases (Zymotic death-rate) which has fallen from 1·52 to 0·95. Moreover, the Infantile Mortality has fallen from 122 to 105 during the period mentioned, and continues to fall, this year's figure being 82 per 1,000 births.

We note, however, that the mortality from Cancer and Malignant Disease has slowly but steadily advanced from 0·699 to 1·463 per 1,000, a very high figure having been reached this year in 1·57. There is need for much wider publicity with regard to the causes predisposing to this disease, and to the fact that the prospects of cure are much brighter than is generally supposed the earlier the disease is discovered. The obvious way to effect a reduction in the mortality is to enlighten the people regarding the initial symptoms and to remove the dread the disease inspires by giving publicity to the prospects of cure in an early stage, and urging the people to seek medical advice early.

A slight increase in the 1925 death-rate from all forms of Tuberculosis over that of 1924 will be noted, the figures being 1·39 and 1·31 respectively, but this is below the average for the last 5 years, which is 1·42. Although the death-rate from tuberculous disease is still falling, the rate of diminution has not been so marked of recent years. I attribute this to the housing inadequacy, which makes overcrowding far too common a feature in the Burgh, and favours the existence of houses which, but for the scarcity of healthy dwellings, would have been closed as being incapable of rendering fit for human habitation.

With regard to deaths from Infectious Diseases, it will be observed the mortality continues to remain low. While Scarlet Fever and Diphtheria each claimed 2 deaths, Whooping Cough, which is neither notifiable nor treated in Hospital, accounted for 8 deaths, 5 occurring in children in the first year of life, and 3 between the ages of one and five. Much benefit would be derived from the Hospital treatment of such cases.

HEALTH IN THE DISTRICTS.

		Death-Rate (corrected)	Death-Rate Tuberculosis All Forms	Infantile Mortality	Birth-Rate
District No. 1	...	16·39	1·96	90	37·9
District No. 2	...	10·65	1·05	92	20·2
District No. 3	...	12·33	1·48	62	18·4
Whole Burgh	...	12·75	1·39	82	22·6

District 1.—The Corrected Death-Rate and Tuberculosis Death-Rate are highest for any district in the Burgh. This is due to bad housing conditions chiefly, and partly to comparatively high Birth-Rate. The Infantile Mortality is surprisingly low in view of these latter conditions. The Child Welfare Centre is situated in this district.

District 2.—The Corrected Death-Rate and Tuberculosis Death-Rate are lowest for any district in the Burgh. This is very good in view of the fact that this district includes some streets where housing conditions are not good. The Infantile Mortality, however, is comparatively high.

District 3.—The Corrected Death-Rate and Tuberculosis Death-Rate are nearly the same as those for the whole Burgh. This district includes areas where housing conditions are of the best and some of the worst, the good influences of the former being neutralised by the unfavourable nature of the latter. The Birth-Rate is lowest in this district, and so also the Infantile Mortality, but the majority of infantile deaths are furnished by the areas where bad housing conditions exist (*e.g.*, Middle and Lower Craigs; Bannockburn Road; Main Street, St. Ninians, etc.).

BIRTH-RATE.

The Birth-Rate is the lowest recorded since the years of the War (1914-1918). After the War the Birth-Rate rose to 29·1 in 1920 and has fallen steadily to 22·6 in 1925.

INFECTIOUS DISEASES.

RETURN OF CASES OF INFECTIOUS DISEASE NOTIFIED, &C., DURING THE YEAR ENDING 31ST DECEMBER, 1925.

DISEASE	NUMBER OF CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH									
	At all Ages	At Age—Years							Cases removed to Hospital	Cases not removed to Hospital
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards		

A.—DISEASES SPECIFIED IN THE INFECTIOUS DISEASE (NOTIFICATION) ACT, 1889.

Typhoid or Enteric Fever	1	...	...	1	...	...	...	...	1	...
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...
Scarlet Fever or Scarlatina	59	...	19	36	2	2	...	...	53	6
Diphtheria and Membranous Croup	28	1	8	12	5	1	1	...	22	6
Erysipelas	24	1	1	...	2	8	10	2	7	17
Puerperal Fever	6	...	...	...	1	5	...	...	3	3
Cholera ... ..	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...	...
Continued Fever	1	...	...	...	...	...	1	...	1	...

B.—DISEASES NOTIFIABLE IN TERMS OF REGULATIONS MADE UNDER SECTION 78 OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897.

Ophthalmia Neonatorum	2	2	...	...	...	...	...	...	1	1
Infective Jaundice ... ..	...	...	...	...	...	...	...	...	...	...
Malaria ... ..	...	...	...	...	...	...	...	...	...	...
Dysentery ... ..	...	...	...	...	...	...	...	...	...	...
Trench Fever ... ..	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia	16	2	4	2	1	7	...	...	...	16
Acute Influenzal Pneumonia	1	...	...	1	...	...	...	...	...	1
Pulmonary Tuberculosis ...	43	...	1	1	6	20	6	3	26	17
Non-Pulmonary Tuberculosis	68	5	23	24	5	9	1	1	43	25
Total of A. and B. ...	249	11	56	83	22	52	19	6	157	92

C.—DISEASES TO WHICH THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT HAVE BEEN EXTENDED BY THE LOCAL AUTHORITY.

Cerebro-Spinal Meningitis	1	1	...	...	...	...	...	...	1	...
Total of A., B., and C.	250	12	56	83	22	52	19	6	158	92

STATE NAME OF HOSPITAL OR HOSPITALS IN WHICH CASES WERE TREATED.

Kildean Hospital (Infectious Diseases); Ochil Hills Sanatorium; Royal Infirmary, Stirling; Royal Infirmary, Glasgow.

During the year the number of cases notified, exclusive of Pulmonary and Non-Pulmonary Tuberculosis, was 139, as compared with 152 for the preceding year. The figures show a decreased prevalence of Scarlet Fever, Acute Primary and Influenzal Pneumonias, and an increase in incidence of Diphtheria, Membranous Croup and Erysipelas. Many of the Diphtheria cases were of the kind classified in Hospital Returns as "bacteriological." None of these diseases attained what might be termed epidemic prevalence, but occurred as sporadic cases or in small numbers, chiefly among children of same household or attending same school. In no case could milk or water supply be incupated in the spread of infectious disease.

One case of Enteric Fever was notified and was confirmed by bacteriological and serological tests as Paratyphoid B. The origin of the infection could not be traced. No further cases, however, occurred. Another case notified as Simple Continued Fever was isolated under observation for Enteric Fever, but proved negative.

One case of Cerebro-Spinal Meningitis occurred in a child resident at St. Mary's Wynd. Diagnosis was verified by examination of Cerebro-Spinal fluid. Contacts were swabbed, and all proved negative. The father of the child had visited the house during the week-end previously and had returned to Fort-William, where he was employed. A report of the case was submitted to the Scottish Board of Health.

The following is a statement of the most important Infectious Diseases with reference to their incidence in roomed houses.

DISEASES	No. 1 or Broad Street District	No. 2 or Cowane Street District	No. 3 or Port Street District	No. of Cases in Roomed Houses				Public Institu- tions
				1	2	3	4 and over	
Erysipelas	10	5	9	...	...	...	...	1
Scarlet Fever... ..	12	23	24	2	20	16	20	1
Diphtheria	5	8	13	3	10	4	7	...
Puerperal Fever ...	4	1	1	...	...	...	...	...
Membranous Croup ...	1	...	1	...	2	...	...	...
Simple Continued Fever	...	1	...	...	...	...	1	...
Cerebro-Spinal Meningitis	1	...	...	1	...	...	...	...
Enteric Fever ... ..	...	...	1	...	...	...	1	...
Acute Primary Pneumonia	3	5	8	...	...	...	...	...
Acute Influenzal Pneumonia ... ..	...	1	...	...	...	...	...	...
Ophthalmia Neonatorum	1	1	...	...	...	...	...	...
	37	45	57	6	32	20	29	2

GENERAL INQUIRY INTO INFECTIOUS DISEASES.

In addition to ordinary routine investigation into cases of infectious disease carried out by the Sanitary Inspector, 23 special investigations were made into cases of Scarlet Fever, Diphtheria and Membranous Croup, Cerebro-Spinal Meningitis and Enteric Fever.

PUBLIC HEALTH (INFANTILE PARALYSIS, POLIO-ENCEPHALITIS AND ENCEPHALITIS LETHARGICA) REGULATIONS (SCOTLAND), 1925.

Acute Poliomyelitis and Polio-encephalitis have been notifiable in the Burgh for some years, and Encephalitis Lethargica has now been made notifiable in compliance with recent regulations issued by the Board of Health.

PUBLIC HEALTH (INFECTIVE JAUNDICE) AMENDMENT REGULATIONS (SCOTLAND), 1925.

The notification of this disease has been extended till 31st December, 1926, in accordance with recent regulations issued by the Board of Health.

TUBERCULOSIS.

TABLE OF NOTIFICATIONS.

I.—RETURN OF CASES OF TUBERCULOSIS NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1925.

		NUMBER OF CASES NOTIFIED AS SUFFERING FROM TUBERCULOSIS								Total	Number of Cases notified during year in which diagnosis of Tuberculosis has been confirmed by M.O.H. (for T.O.).
		Under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards		
Pulmonary	{ Males	1	...	2	3	8	9	4	3	30	25
	{ Females	...	2	3	3	3	...	2	...	13	8
Non-Pulmonary	{ Males	15	8	7	2	2	2	...	...	36	18
	{ Females	13	7	2	2	4	2	2	...	32	12

II.—RETURN OF NUMBER OF PERSONS RESIDENT IN THE AREA AT 31ST DECEMBER, 1925, WHO WERE KNOWN TO BE SUFFERING FROM TUBERCULOSIS.

			NUMBER OF KNOWN CASES								
			Under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total
PULMONARY—											
Tubercle Bacilli found	{ Males	...	1	2	6	15	20	8	2	54	
	{ Females	...	1	1	4	12	13	3	1	35	
Tubercle Bacilli not found	{ Males	1	2	5	6	3	3	4	1	25	
	{ Females	...	1	6	2	4	6	...	...	19
NON-PULMONARY—											
Abdominal	{ Males	18	6	5	1	2	...	...	1	33
	{ Females	18	5	2	1	...	...	...	...	26
Spine	{ Males	1	1	...	1	...	1	...	...	4
	{ Females	3	2	...	...	...	...	1	1	7
Bones and Joints (exclusive of Spine)	{ Males	8	4	8	7	1	2	1	1	32	
	{ Females	4	1	3	2	...	1	1	1	13	
Superficial Glands ...	{ Males	10	14	5	12	4	6	1	...	52	
	{ Females	4	4	9	10	5	3	1	...	36	
Lupus	{ Males	...	...	1	...	1	...	1	...	3
	{ Females	1	1	...	2	1	...	4	...	9	
Other Parts or Organs	{ Males	8	...	...	...	...	...	1	...	9
	{ Females	8	2	1	...	3	...	...	...	14
Total	84	45	48	54	51	55	26	8	371

III.—RETURN SHOWING THE NUMBER OF CASES WHICH RECEIVED TREATMENT UNDER THE TUBERCULOSIS SCHEME IN SANATORIA OR OTHER INSTITUTIONS DURING THE YEAR ENDED 31ST DECEMBER, 1925.

			NUMBER OF PATIENTS				
			In Institutions on January 1	Admitted dur- ing the year	Discharged dur- ing the year	Died in Institutions	In Institutions on December 31
Pulmonary	{ Adults	{ Males	6	18	17	3	4
		{ Females	1	11	11	...	1
	{ Children	{ Males	...	...	...	...	...
		{ Females	...	2	2	...	...
Non-Pulmonary	{ Adults	{ Males	...	7	6	1	...
		{ Females	1	5	6	...	...
	{ Children	{ Males	1	17	16	1	1
		{ Females	...	9	8	...	1
Total			9	69	66	5	7

During 1925, 43 cases of Pulmonary Tuberculosis were notified. The following is a statement of their condition on notification :—

Incipient,	...	...	...	...	...	...	...	...	...	10
Intermediate,	...	...	...	...	...	...	...	...	...	19
Advanced,	...	...	...	...	...	...	...	...	...	14

26 of the newly notified cases were removed to Institutions to receive treatment.

During the year 68 cases of Non-Pulmonary Tuberculosis were notified, 43 of the newly notified cases having been treated in Institutions.

SUMMARY OF INSTITUTIONAL TREATMENT DURING THE YEAR.

Institutions.	Number of Patients.	Number of Days spent in Institutions.
Ochil Hills Sanatorium,	21	1895
Royal Infirmary,	34	1430
Kildean Hospital,	22	759

Three patients attended the Royal Infirmary, Glasgow, for treatment of Lupus by Ultra-Violet Rays.

In the Burgh during 1925 there were 16 deaths from Pulmonary Tuberculosis, and 14 deaths from Non-Pulmonary Tuberculosis. These were distributed as follows :—

DEATHS FROM PULMONARY TUBERCULOSIS.

District.	Number of Deaths.	Death-Rate.
1.	4	0·98
2.	6	0·70
3.	6	0·69
	—	—
Whole Burgh,	16	0·74
	—	—

DEATHS FROM NON-PULMONARY TUBERCULOSIS.

District.	Number of Deaths.	Death-Rate.
1.	4	0·98
2.	3	0·35
3.	7	0·79
	—	—
Whole Burgh	14	0·65
	—	—

Deaths from all forms of Tuberculosis in the Burgh,	30
Death-rate from all forms of Tuberculosis in the Burgh,	1·39
Domiciliary Visits from March till December by M.O.H.,	157
Consultations,	96

Number of persons resident in the Burgh at the end of the year who were known to be suffering from :—

(1) Pulmonary Tuberculosis,	130
(2) Non-Pulmonary Tuberculosis,	238
(3) Both Pulmonary and Non-Pulmonary Tuberculosis,	3
	—
	371
	—

Number of Visits by Health Visitor for Tuberculosis,	232
Number of Patients receiving Domiciliary Grant during the year,	28

NEW DISPENSARY.

The Town Council of the Burgh of Stirling have decided to furnish a new Dispensary in premises adjacent to the Child Welfare Centre in Baker Street. This will undoubtedly be a great help in the organisation of the campaign against Tuberculosis in the Burgh, providing, as it does, a centre for the work.

A Mercury-Vapour Ultra-Violet Ray Lamp has been purchased for use in the Dispensary, with which suitable cases of Pulmonary and Non-Pulmonary Tuberculosis will be treated.

INSTITUTIONAL TREATMENT.

1.—Institutional Treatment of Pulmonary Tuberculosis.

The Institutions for the Burgh are Ochil Hills Sanatorium for cases in incipient and intermediate stages, and Stirling Combination Fever Hospital for advanced cases. Patients

under 15 years of age cannot be admitted to Ochil Hills Sanatorium. There is thus practically no provision for institutional treatment of children in the Burgh. Now and then, when there are no advanced cases at Stirling Combination Fever Hospital, such children are admitted, but, needless to say, an advanced hospital is not the place to give them proper treatment. This is unfortunate, as it must be apparent to all that more benefit will result (from a public health point of view) from the treatment of children than of adults. The greatest difficulty is experienced in finding suitable institutional treatment for children notified by medical practitioners and by School Medical Officer. The establishment of an open-air school would be a great advantage.

With reference to accommodation for advanced cases, there is much need of some reform. At Stirling Combination Fever Hospital the accommodation is represented by a small ward, which is supposed to be able to house six patients. In the first place, in my opinion, the ward can never accommodate more than four adults comfortably, and secondly, only one sex can be admitted at a time. This is extremely awkward, as it not infrequently happens that when the ward is occupied by one patient of the one sex, there are two or three cases of the opposite sex awaiting admission. If suitable alterations were made to accommodate three patients of each sex, much benefit would result. I have brought the matter before the Hospital Committee.

2.—Institutional Treatment of Non-Pulmonary Tuberculosis.

The Royal Infirmary, Stirling, and Stirling Combination Fever Hospital are the chief institutions in which non-pulmonary cases are treated. Occasionally, and generally when other institutions cannot accept them, cases are admitted to the resident ward at the Child Welfare Centre. I do not favour this arrangement so long as this institution has not an isolation ward. The Royal Infirmary, however, deals with the majority of the cases, chiefly surgical. The after-treatment of these cases is necessarily prolonged, especially tuberculosis of bones and joints, and in view of the present pressure on the accommodation of the hospital it seems unfair to expect that it should undertake this work. I am confident that this is responsible for much of the congestion in this institution.

In view, however, of the fact that a new Infirmary with much increased accommodation is about to be erected, it would be inadvisable on the part of the Local Authority to take any action in this matter in the meantime. Reduplication of institutions is uneconomic.

HOSPITAL ACCOMMODATION FOR CASES OF INFECTIOUS DISEASES.

The Burgh of Stirling is provided with an Infectious Diseases Hospital, namely, Stirling Combination Fever Hospital at Kildean and with a Smallpox Hospital at Taylorton. The Burghs of Stirling, Bridge of Allan, Dunblane, Doune, and Callander, along with certain districts of Perthshire, including Aberfoyle, Port of Monteith, and other small districts in the western parts of Perthshire, have a conjoined interest in this Institution. The population of these Burghs and Districts is approximately 31,000, and there is accommodation in the Hospital for about 42 adult patients. This number of beds can be increased when the patients are chiefly children. There are two stone buildings, Ward 1 and Ward 2, and a small composite erection, Ward 3. Ward 1, which has 2 small wards and 1 observation ward, is used solely for Scarlet Fever, and can accommodate 22 patients. Ward 2 is used chiefly for Diphtheria, and can accommodate 14 patients. The composite structure has 2 small wards accommodating in all from 8 to 10 patients. One ward is used for Advanced Phthisis, and the other is reserved for odd cases of diseases which seldom attain epidemic prevalence. Owing to the number of infections which are admitted to the Institution a great many readjustments have to be made in order to accommodate each with a minimum of risk of cross-infection.

The following diseases are commonly admitted to the Institution :—Scarlet Fever, Enteric Fever, Diphtheria and Membranous Croup, Erysipelas, Advanced Phthisis, Non-Pulmonary Tuberculosis, Cerebro-Spinal Meningitis, Encephalitis Lethargica, and from the Public Institutions in the Burgh cases of Measles, German Measles, Chickenpox, Mumps, etc., are admitted, when possible. From the Burghs and Districts other than Stirling only Scarlet Fever, Diphtheria and Enteric Fever are generally admitted, although, if called upon, admission would have to be given to those other infections aforementioned, with the exception of Tuberculosis, provision for which is made by the County Authorities of Stirlingshire and Perthshire.

RETURN OF PATIENTS FOR THE YEAR ENDING 31ST JANUARY, 1926.

	In Hospital on 31st January 1926	Admitted during Year	Dis- charged during Year	Deaths	Remaining on 31st January 1926
Scarlet Fever	13	91	90	2	12
Scarlet Fever and Chickenpox ... ..	...	3	3	...	...
Scarlet Fever and Diphtheria ... ..	...	2	2	...	...
Diphtheria	1	36	36	1	...
Membranous Croup ... ..	...	1	1	...	...
Measles	1	1	2	...	...
German Measles	1	1	2	...	...
Erysipelas	1	11	10	...	2
Puerperal Fever ... ..	...	2	2	...	...
Enteric Fever ... ..	...	2	2	...	...
Cerebro-Spinal Meningitis ... ..	...	1	...	1	...
Pulmonary Tuberculosis	1	17	13	2	3
Tuberculous Peritonitis ... ..	...	7	7	...	...
Tuberculous Meningitis ... ..	...	1	...	1	...
Mumps ... ..	...	1	...	...	1
Ophthalmia Neonatorum ... ..	...	1	1	...	...
Encephalitis Lethargica ... ..	...	1	...	1	...
	18	179	171	8	18

Scarlet Fever.—There were 94 cases of Scarlet Fever admitted during the year, including 3 cases of Scarlet Fever and Chickenpox. The deaths from Scarlet Fever numbered 2, both of which were Septic Scarlatina. This gives a case mortality of 2·13%. The sex and ages of the cases were as follows:—

	Males.	Females.	Deaths.
Under 1 year, ... ..	...	...	...
1 to 2 years,	1	2	1
2 to 5 years,	11	9	1
5 to 15 years,	29	27	...
15 to 25 years,	5	4	...
25 to 45 years,	1	4	...
45 years and upwards,	1	...	...
	—	—	—
	48	46	2
	==	==	==

The chief complications of Scarlet Fever were :—

Simple Adenitis,	26
Suppurative Adenitis,	1
Rhinitis,	24
Otitis Media with perforation of Tympanic Membrane,	10
Joint pains,	8
Albuminuria,	4
Nephritis,	5
Endocarditis,	1
Mastoiditis,	1
Pleuritis,	1
Bronchitis,	2
Stomatitis,	3
Persistently enlarged tonsils,	13
	—
Total,	99
	==

RETURN CASES.—A return case of Scarlet Fever means a case caused by contact with a discharged Scarlet Fever patient within 12 weeks of the discharge. Three such cases were admitted to the Hospital during the year. It therefore follows that 3·2% of the Scarlet Fever patients discharged were responsible for the return cases. In larger Hospitals 3% is looked upon as very satisfactory.

Diphtheria.—Thirty-seven cases of Diphtheria were admitted during the year, including one case of Membranous Croup. One case of Faucial Diphtheria died, aged 8 months. The case mortality of Diphtheria is therefore 2·7%. The sex and ages of the cases were as follows :—

	Males.	Females.	Deaths
Under 1 year,	1	1	1
1 to 2 years,	3	...	...
2 to 5 years,	4	3	...
5 to 15 years... ..	8	8	...
15 to 25 years, ... ..	...	4	...
25 to 45 years, ... ..	...	4	...
45 years and upwards, ... ..	...	1	...
	—	—	—
	16	21	1
	==	==	==

The chief complications of Diphtheria were as follows :—

Rhinitis,	1
Tonsilitis,	4
Adenitis,	3
Paresis of Palate,	2
Paresis of Ciliary Muscles,	1
Parcsis of Leg Muscles,	1
Vomiting,	2
Cardiac Arrhythmia,	13
	—
	27
	==

Erysipelas.—Eleven cases of Erysipelas were admitted during the year and all ran an uncomplicated course, except one case, an emergency admission from the Royal Infirmary. This man developed Septicaemia, Pelvic abscess, Purpura and retention of urine demanding operative treatment. However, he eventually recovered and was discharged in a fit condition.

Puerperal Fever.—Both cases of Puerperal Fever admitted during the year were discharged in good health.

Measles and German Measles.—Three cases were admitted from the Royal Infirmary during the year.

Enteric Fever.—The two cases of Enteric Fever admitted ran an uncomplicated course.

Ophthalmia Neonatorum.—One case was admitted. The eyes, when the case was discharged, were normal, and no permanent defects in vision were anticipated.

Encephalitis Lethargica (Sleepy Sickness).—One case was admitted near the end of the year and died after a few days in Hospital.

Cerebro-Spinal Meningitis.—One case was admitted and died two hours after admission.

Pulmonary Tuberculosis.—There were 17 cases of Pulmonary Tuberculosis admitted during the year. The following is a tabulated statement of their progress :—

AGE	Males	Females	Much Improved	Improved	Not Improved	Died
Under 20 years	2	5	1	2	3	1
20 to 35 years	1	...	1	...	...	...
35 to 50 years	2	3	3	2	...	...
50 to 65 years	2	...	1	...	...	1
65 years and upwards	2	...	1	1	...	...
	9	8	7	5	3	2

The majority of cases were admitted in an advanced condition.

Non-Pulmonary Tuberculosis.—Eight cases of Non-Pulmonary Tuberculosis were admitted, 7 being of Tuberculous Peritonitis and 1 of Tuberculous Meningitis. The latter case died 3 days after admission.

The Tuberculous Peritonitis cases were as follows :—

Female	aged 4	not improved.
Male	aged 3	much improved.
Male	aged 2	much improved.
Female	aged 4	improved.
Female	aged 10 months	improved.
Male	aged 3½	improved.

MATERNITY AND CHILD WELFARE.

Notification of Births Act. Midwives Act.

1. Infantile Mortality.

(a) Number of deaths, ...	40	(b) Rate per 1,000 births, ...	81·47
AGE GROUPS.			
Under 1 week, ...	13	3 months and under 6 months,	7
1 week and under 4 weeks,	0	6 months and under 12 months,	11
4 weeks and under 3 months,	4		

CAUSES OF DEATH.—See Table appended.

2. Births.

(a) Number registered, ...	499
(b) Number notified, ...	513
(c) Number notified by Doctor,	300
Number notified by Midwife,	213
(d) Number of still-births, ...	22

3. Maternal Mortality.

Maternal death-rate per 1,000 births, ...	7·80
(a) Number of deaths resulting from miscarriage or child-birth,	4

CAUSES OF DEATH :—

1. Eclampsia.
2. Lobar Pneumonia following child-birth.
3. Phlegmasia Alba Dolens.
4. Pernicious vomiting of Pregnancy.

(b) Number of deaths resulting from puerperal sepsis, ...	nil
---	-----

4. Report under Midwives (Scotland) Act, 1915.

LIST OF PRACTISING MIDWIVES.

The following intimated their intention to practise within the Burgh during the year :—

Register No.	Name.	Address.
1064	Adams, Helen	76 Main Street, St. Ninians.
705	Dick, Annie	49 Glasgow Road, St. Ninians.
3185	Duncanson, Mary	1 Lower Craigs.
3017	Gibson, Margaret	36 Baker Street.
3273	Kinnaird, Annie	13 Albany Crescent.
3576	Longair, Elizabeth	32 Cowane Street.
5335	MacDonald, Annie	Rolland Cottage, St. Ninians.
4830	M'Kay, Jessie	Port Street.
250	Murdoch, Catherine	21 Borestone Crescent, St. Ninians.
990	Reid, Helen	35 Lower Craigs.
4431	Robertson, Annie M'Donald	Randolph Buildings, St. Ninians.
6719	Robson, Margaret Taylor	Yew Cottage, Cambusbarron.
2077	Stanley, Catherina	4 Middle Craigs.

EMERGENCY CALLS AND CAUSES.

Abnormal Presentation,	1
Prolonged Labour,	10
Contracted Pelvis,	2
Prolapse of Cord,	1
Rupture of Perineum,	1
Premature Birth,	1

CASES OF PUERPERAL FEVER.—6 cases were notified.

Number occurring in primiparae,	1	3 treated in Institutions.	
Number occurring in multiparae,	5	3 treated at home.	
Number of deaths resulting from Puerperal Fever, ...	...	...	nil
Number of cases of Puerperal Fever notified by Doctors, ...	...	...	6
Number of cases of Puerperal Fever notified by Midwives, ...	...	...	—
(1) Two cases of Ophthalmia Neonatorum were notified.			
(a) Notified by Doctor, ...	...	...	1
(b) Notified by Health Visitor, ...	...	...	—
(c) Notified by Midwife, ...	...	...	1
(2) One of the cases notified was ascertained to be of Gonococcal origin.			
(3) Number treated in Institution ...	...	...	1
(4) In neither of cases was their appreciable loss of vision.			

All Midwives were visited in their homes, their registers and equipment being inspected and criticised. Lectures are given to Midwives by Medical Officer of Health on one afternoon every month.

5. Home Visitation.

(1) INFANTS—

(a) Number of First Visits, ...	...	...	...	...	461
(b) Number of revisits, ...	...	...	...	...	2209
(c) Number of Infants at age of 6 months—					
(1) Breast-fed, ...	...	...	...	...	215
(2) Partially breast-fed, ...	...	...	...	...	89
(3) Artificially fed, ...	...	...	...	...	106
(2) VISITS TO CHILDREN UNDER 5, ...	...	...	...	...	571
(3) EXPECTANT MOTHERS.					
(a) Number of First Visits, ...	...	...	...	...	30

6. Ante-Natal Consultations.

Clinics were held once per week on Tuesday afternoon from 2.30 to 5 p.m.

(a) Total Number of Attendances, ...	...	...	...	36
(b) Number of First Attendances, ...	...	...	...	24
(c) Summary of Conditions found—				
Debility, ...	...	...	...	3
Anaemia, ...	...	...	...	2
Neuralgia, ...	...	...	...	1
Hyperemesis, ...	...	...	...	5
Headache, ...	...	...	...	2
Pyelitis, ...	...	...	...	2
Constipation, ...	...	...	...	4
Hydramnios, ...	...	...	...	2
Phthisis, ...	...	...	...	1
Mitral Stenosis,	1

7. Post-Natal Consultations.

(a) Number of Attendances	18
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SUMMARY OF CONDITIONS FOUND.

Subinvolution,	3
Ovarian Cyst,	1
Debility,	3
Heart Disease,	1
Fissured Nipple, ...	...	...	...	1
Farunculosis, ...	...	...	...	1
Leucorrhoea, ...	...	...	...	1
Frontal Sinusitis, ...	...	...	...	1
Acute Mastitis, ...	...	...	...	1

8. Child Welfare Consultations.

Child Clinics were held once per week on Tuesday afternoon from 2.30 to 5 p.m.

Number of weekly sessions,		52
(a) Total number of Attendances	(1) under 1 year of age,	1059
	(2) over 1 year of age, ...	59
(b) Number of First Attendances	(1) under 1 year of age	122
	(2) over 1 year of age, ...	40

(c) Report on the prevalence of Rickets in the Burgh.

The following is a copy of Report sent to the Scottish Board of Health regarding prevalence of Rickets in the Burgh :—

Dear Sir,

Early in December last you entrusted me with an investigation into the prevalence of Rickets in the Burgh of Stirling. For this purpose you advised that I should examine a minimum of 250 unselected children between the ages of 1 and 5 for the signs and symptoms of past or present Rickets, and to classify the degree of Rickets as (1) mild, (2) moderate, and (3) severe. You left to my own judgment the diagnostic signs and symptoms of the disease.

I took the following symptoms as being characteristic of Rickets, including acute and sub-acute Rickets and past or present Rickets.

GENERAL SYMPTOMS :—

- (1) Sweating about the head.
- (2) General hypotonia of muscles.
- (3) Listlessness.
- (4) Anaemia.

LOCAL SYMPTOMS :—

Osseous System.

LONG BONES.

- (1) Epiphyseal enlargements.
- (2) Curvatures.
- (3) Fractures—especially of greenstick variety.
- (4) Special deformities—Coxa Vara and Coxa Valga, Genu Varum and Genu Valgum.

Skull.—Frontal and Parietal Eminences Enlarged ; Bossing ; Craniotabes ; late closure of Fontanelle ; narrow upper jaw ; square lower jaw ; imperfect apposition of the teeth ; delayed dentition.

Chest.—“ Rickety Rosary ” ; Parasternal furrows ; Harrison’s sulcus ; eversion of the costal margin ; “ Posterior beads.”

Pelvis.—Flat ; Trifoliate.

Spine.—Kyphosis, Scoliosis, Lordosis.

Growth.—Delayed or stunted.

Muscles and Ligaments.—Laxity of ligaments ; double-jointedness ; abdominal muscular atony—pot belly, umbilical hernia.

Abdomen.—Hyperresonance due to distended bowel and dilated stomach, constipation.

Nervous System.—Spasmophilia with facial irritability, tetany and laryngismus stridulous.

Lowered resistance to infection.—Susceptibility to respiratory Catarrh, Dyspepsia and Gastro-Enteritis.

The results of the examinations are appended with this Report.

The Diagnosis of Rickets.

While the diagnosis in a child, who has suffered from it in a moderate degree is comparatively easy, it is a more difficult matter to recognise the signs of mild Rickets in a child, say of 4 to 5 years of age, who had his attack some years previously. Many of the symptoms mentioned at the beginning of the Report are not absolutely characteristic of Rickets, but in my examination I did not diagnose Rickets unless there was at least one positive irrefutable sign.

I am having four of the mild cases X-Rayed at the Royal Infirmary, Stirling. The X-Ray apparatus there is not functioning properly just now, but the X-Ray plates will be forwarded to you as soon as possible.

Trusting this Report is in the form you desire it.

(Signed) ARCHD. PENMAN,
Medical Officer of Health,
Burgh of Stirling.

APPENDIX.

Age Group 1 to 2.

Children examined,	...	...	82	Rickets present in	...	...	9
				Severe,	...	...	0
				Moderate,	...	...	6
				Mild,	...	...	3

Age Group 2 to 3.

Children examined,	...	...	80	Rickets present in	...	...	14
				Severe,	...	...	0
				Moderate,	...	...	7
				Mild,	...	...	7

Age Group 3 to 4.

Children examined,	...	...	47	Rickets present in	...	...	7
				Severe,	...	...	1
				Moderate,	...	...	2
				Mild,	...	...	4

Age Group 4 to 5.

Children examined,	...	...	41	Rickets present in	...	...	4
				Severe,	...	...	2
				Moderate,	...	...	1
				Mild,	...	...	1

The Four Age Groups 1 to 5.

Children examined,	...	...	250	Rickets present in	...	...	34
				Severe,	...	...	3
				Moderate,	...	...	16
				Mild,	...	...	15

Percentage affected in each Age Group.

Age Group 1 to 2,	...	...	...	...	...	11% approx.
Age Group 2 to 3,	...	...	...	...	...	17·5% "
Age Group 3 to 4,	...	...	...	...	...	14·9% "
Age Group 4 to 5,	...	...	...	...	...	9·8% "
Age Groups 1 to 5,	...	...	...	...	...	13·6% "

9. Child Clinic.

574 children under 1 year of age made 1059 attendances.

437 children over 1 year of age made 595 attendances.

Total attendances, 1654

Number of children seen by Doctor, 450

SUMMARY OF CONDITIONS FOUND AT CHILD CLINIC.

MENTAL DEFICIENCY—

Mongolism, 1

CONGENITAL DEFECTS.

Tongue Tie, 6

Phimosis, 12

Congenital Heart Disease, 3

HERNIAS.

Umbilical,	...	...	...	...	...	...	...	...	...	7
Inguinal,	...	...	...	...	...	...	...	...	...	2

TUBERCULOSIS.

Lung, ¹	...	...	...	...	...	...	...	...	...	1
Abdomen,	...	...	...	...	...	...	...	...	...	5
Bones,	...	...	...	...	...	...	...	...	...	1
Glands,	...	...	...	...	...	...	...	...	...	3
Lupus,	...	...	...	...	...	...	...	...	...	1

OTHER AILMENTS.

Congenital Syphilis	...	...	...	...	...	...	...	...	...	1
Otorrhoea,	...	...	...	...	...	...	...	...	...	11
Seborrhoeic dermatitis,	...	...	...	...	...	...	...	...	...	1
Conjunctivitis,	...	...	...	...	...	...	...	...	...	6
Ophthalmia,	...	...	...	...	...	...	...	...	...	1
Impetigo,	...	...	...	...	...	...	...	...	...	12
Debility,	...	...	...	...	...	...	...	...	...	6
Adenoids,	...	...	...	...	...	...	...	...	...	4
Rickets,	...	...	...	...	...	...	...	...	...	18
Laryngismus,	...	...	...	...	...	...	...	...	...	2
Strabismus Convergent,	...	...	...	...	...	...	...	...	...	1
Colitis,	...	...	...	...	...	...	...	...	...	2
Cyst in Eyelid,	...	...	...	...	...	...	...	...	...	1
Phlyctenular Conjunctivitis,	...	...	...	...	...	...	...	...	...	2
Scrotal Swelling,	...	...	...	...	...	...	...	...	...	1
Convulsions,	...	...	...	...	...	...	...	...	...	1
Prolapsus Recti,	...	...	...	...	...	...	...	...	...	1
Dentition illness,	...	...	...	...	...	...	...	...	...	26
Diarrhoea and Vomiting,	...	...	...	...	...	...	...	...	...	20
Malnutrition,	...	...	...	...	...	...	...	...	...	7
Marasmus,	...	...	...	...	...	...	...	...	...	1
Colic,	...	...	...	...	...	...	...	...	...	21
Respiratory Catarrh,	...	...	...	...	...	...	...	...	...	25
Adenitis,	...	...	...	...	...	...	...	...	...	7

10. Day Nursery.

33 children under 1½ years made 1354 attendance.

74 children over 1½ years made 2980 attendances.

Total attendances, 4334

Dressings—treatment, etc., ... 89

CHARGES MADE.—A maximum of 5d. per child, with reduced rates, according to circumstances.

Receipts, ... £54 5 10.

Report made to Carnegie United Kingdom Trust on Play Centre at Sauchie House, Stirling (Opened December, 1918).

CAPITAL COST.—The capital cost of forming a Play Centre amounted to £947, which was defrayed by a grant of £475 from the Carnegie United Trust, £236 from the Government Grant, and £236 from the Town Council of Stirling.

SITUATION.—The Play Centre is situated behind the Child Welfare Centre at Sauchie House, Baker Street. Being formed on the slope of a steep hill it is free from obstructive buildings on two sides and open to sunlight and fresh air. There is a magnificent view from the Centre towards the north-east, east and south-east, including the Ochils and the Pentland Hills.

CONSTRUCTION AND EQUIPMENT.

- (a) **Outdoor Playground.**—The Outdoor Playground is 871 square yards in extent, and consists of two grass plots, asphalted area and a garden. It is equipped with 3 swings, 2 see-saws, 1 sand-pit and 3 benches.
- (b) **Open-Air Shed.**—There is a large Open-Air Shed with an asphalted floor opening towards the east. It is equipped with stretcher beds to allow children to sleep in the open air after meals.
- (c) **Indoor Play Room.**—The Indoor Play Room adjoins the Playground and is equipped with facilities for washing the children, cupboards for the storage of toys and garments, 2 rocking horses, piano, gramophone, small chairs and a low table. The room is heated by a stove, which is efficiently guarded, and the ventilation is adequate.

SCOPE OF WORK.—The children who make use of the Play Centre are of two categories. (1) Day Nursery Children ; (2) Play Centre Children. The Play Centre children receive the same treatment as the Day Nursery children, except that no meals are provided to them. The children arrive between the hours of 7.30 and 10 o'clock in the morning, being brought by their mothers or sisters. On arrival their faces and hands are washed, and each is clothed with a clean pinafore, each being examined by a Nursery-trained Nurse for signs of Infectious Disease. The Play Centre children also receive this supervision, as they are allowed to mix freely with the Day Nursery children. Under the charge of a Nursery-trained Assistant all the children are taught action songs, singing games, musical drill, cleanly habits, good table manners, and regular use of the tooth-brush. The Day Nursery children receive a meal at 12 o'clock noon, consisting of soup or mince and potatoes, followed by milk pudding, for which the maximum sum of five pence is charged, and after dinner all the children are put to sleep in the Open-Air Shed for one hour. In the afternoon in summer or in the warmest part of the day in winter, the children receive instruction in physical exercises out of doors, and also indulge in games and playing in the Playground. The ages of the children range from 1½ to 5 years of age. The children are under the medical supervision of the Child Welfare Officer for the Burgh, who visits the Day Nursery at frequent intervals. The average annual attendance at the Play Centre made by children during the last 5 years are (a) Day Nursery Children 3938, and (b) Play Centre Children 3348. The actual attendance is frequently larger than these figures represent, because in winter time the children do not come in such numbers, and at times there is, from various causes, a falling away in the attendance, but this is generally got over in a short time. There can be no question but that the Play Centre is much appreciated among the poorer classes. It certainly does much to prevent the children playing in the streets, while it increases their mental and physical development, and it has a moral and educative influence on the child. Although the children come from all parts of the town, most of them are from the immediate district, which is one of the worst congested areas in the town.

ADMINISTRATION.—The Play Centre is an adjunct of the Corporation Child Welfare Centre at Sauchie House, and is under the same Matron and staff. The responsible body is the Town Council of Stirling, and the work is specially under the charge of the Child Welfare Committee of the Town Council, on which there are co-opted five ladies specially interested in Child Welfare Committee work. There is a large Advisory Committee consisting of ladies interested, and they give voluntary service from time to time.

11. Child Welfare Home.

34 children spent 2272 days in the Resident Ward.

Amount received from Resident Children, £36 9s.

SUMMARY OF ILLNESSES OF CHILDREN ADMITTED.

Rickets,	5
Rickets and Abdominal Tuberculosis,	2
Malnutrition,	9
Marasmus,	1
Abdominal Tuberculosis,	4
Chronic Intestinal Indigestion and Abdominal Tuberculosis,	1
Abdominal Tuberculosis and Meningitis,	1
Broncho-Pneumonia,	3

Prematurity,	1
Phlyctenular Conjunctivitis,	1
Convenience of guardians,	6
	—
Total,	34
	==

12. Food and Milk Grants.

Number of applications for food or milk	(1) Mothers,	57
	(2) Children,	148
Number of Cases certified on medical grounds as requiring food or milk, being also necessitous,	(1) Mothers,	27
	(2) Children,	62
Gross Cost, £240 5s. 1½d:		
Sums recovered—nil.		

SUPPLY OF MILK SUBSTITUTES.—Dried Milks (Glaxo, Virol and Virolax) sold at cost price at Child Welfare Centre in necessitous cases, and when advised by Medical Officer of Health.

13. Boarding-Out.

(a) Number of cases under 1 year of age,	nil.
(b) Number of cases over 1 year of age,	9
Malcolm Robertson, 14 Broad Street, Stirling,	14 years.
Angus M'Kechie, 11 Albany Crescent, Stirling,	14 years.
Helen D. Morrison, 21 Lower Craigs, Stirling,	12 years.
David Macrac, 21 Abbey Road, Stirling,	14 years.
John Lambert, 22 Glasgow Road, St. Ninians,	4 years.
Thomas Peebles, 20 Bow Street, Stirling,	10 years.
Albert M'Kenzie, 46 Upper Castlehill, Stirling,	10 years.
Annie Dunlop, 104 Main Street, St. Ninians,	13 months.
Mary Comrie, 78 St. Mary's Wynd, Stirling,	13 years.

The above information was supplied by Mr. Thomas J. Jones, Parish Council Inspector.

(c) Sums recovered from cases not wholly necessitous,	nil.
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INFORMATION REPORTED UPON TO LOCAL AUTHORITY.

I.—Report upon Provision of Tuberculosis Dispensary and Extension of Child Welfare Centre.

TO THE MEMBERS OF THE
PUBLIC HEALTH COMMITTEE.

LADIES AND GENTLEMEN,

I beg to submit my report on the provision of a Tuberculosis Dispensary on the recently acquired premises adjoining the Child Welfare Centre, and the utilization of the remaining space for Child Welfare purposes.

(1) Tuberculosis Dispensary.

My predecessor, Dr. King, impressed upon you the necessity of a Tuberculosis Dispensary as a most important part of any organised scheme for Anti-Tuberculosis work. The measures at present recommended for the combatting of Tuberculosis are :—

- (1) Notification.
- (2) House Visitation (and Domiciliary Treatment).
- (3) Tuberculosis Dispensary.
- (4) Sanatorium.
- (5) Advanced Hospital.
- (6) Farm Colonies.

The working of all those branches is closely inter-related, and the centre of the work is undoubtedly the Tuberculosis Dispensary, as will be seen from the following tabulation of the purpose of such a Dispensary :—

- (1) The examination and re-examination of known Tuberculous subjects.

- (2) The selection of early cases for Sanatorium treatment and advanced cases for Hospital treatment.
- (3) Examination of contacts of known cases with a view to detection of fresh cases, by which procedure a greater percentage is obtained in an early stage, when the disease is more amenable to treatment.
- (4) Giving advice in certain cases for home treatment.
- (5) Dispensing of sputum bottles, disinfectants, administration of Tuberculin, etc.

Tuberculosis in the Burgh of Stirling.

Known Tuberculosis in the Burgh of Stirling number 117 pulmonary and 166 non-pulmonary, but there remain a great many more still to be discovered, who are responsible for the perpetuation and spread of the disease.

According to Sir Robert Philip, if the number of deaths per annum from Pulmonary Tuberculosis is multiplied by 10, the resulting figure is an *underestimation* of the number of existing cases already *seriously affected* with Pulmonary Tuberculosis. Taking 20 as a fair average number of deaths from Phthisis Pulmonalis per annum in the Burgh of Stirling, there would be **200 cases** within the Burgh with lungs seriously affected with Tuberculosis. The latter figure would not include a large and inestimable number of cases in an early stage of the disease. Since the known cases of Pulmonary Tuberculosis are only 86 in number, it is obvious that many more remain to be discovered, and the Tuberculosis Dispensary will provide the best means of detecting them.

Convenience of Situation of Proposed Dispensary.

ADVANTAGES.—(1) The Dispensary would be situated in the centre of a neighbourhood where bad housing and overcrowding are most prevalent.

(2) The Dispensary is convenient to 65 to 70% of known Pulmonary cases, and to 85% of known Non-Pulmonary cases.

DISADVANTAGES.—The arduous climb up Baker Street to the Dispensary might discourage dyspnoeic Tuberculous subjects from the lower parts of the town, and the distance similarly affect unfavourably the attendances of patients from outlying parts of the town.

Premises.—After due consideration I have formed the opinion that a portion only of the old "School Room" will adequately provide a Dispensary for the needs of the Burgh of Stirling. The rooms necessary are Waiting Room, Dressing Room, Consulting Room, and W.C. apartment. The Consulting Room could be sufficiently darkened to allow laryngoscopic examinations by artificial light. The reconstruction necessary would be as follows :—

New main door would have to be made into Dispensary.

FLOORS.—Uplifted and repaired. The solum tarred or asphalted and sub-floor ventilation improved.

WALLS.—Wood stripped off and re-plastering carried out.

ROOF.—Skylight windows would require to be made to allow of through ventilation.

The rooms required could be provided by breeze partitions. The partition separating the Consulting Room from the Waiting Room and Dressing Room, and the partition separating the Waiting Room from the proposed Child Welfare portion would require to be carried up to the ceiling. The other partitions would be 6' 6" in height to allow adequate lighting by windows. The heating would be provided by two electric radiators and one gas fire with ventilating flue. These alterations will be better followed in the plans accompanying Mr. Goudie's report.

Equipment.—

WAITING ROOM.—Forms or chairs to provide seating accommodation for 12 persons.

DRESSING ROOM.—A form and a few dressing jackets.

CONSULTING ROOM.—Three chairs, a consulting room table, files for Record Cards, instrument cupboard, cupboard for sputum bottles, disinfectants, etc., throat lamp, laryngeal mirrors, wash-hand basin. No facilities for examination of sputa need be provided, as such already exist at the Municipal Laboratory.

Child Welfare Needs.—

In the Child Welfare Centre there exists a need for increased accommodation for Day Nursery children under 1½ years of age, and for the staff.

(1) The small room which accommodates at present the Day Nursery children under 1½ years of age has cubic space for a maximum of 9 children. During 1924 the average daily number of attendances recorded by children at the Day Nursery was 9·7, which means that 14 to 16 children were on many days crowded into a ward intended for 9.

(2) Two members of the staff at present require to find sleeping quarters outside the Centre.

(3) There is no Isolation Room for children who develop an Infectious Disease while resident at the Centre.

To remedy those deficiencies it is proposed to transfer the clinic work to the recently acquired building, utilising for this purpose the remainder of the premises after provision has been made for the Tuberculosis Dispensary, namely, the remaining portion of the old "School Room" and the two-storey building. This will give other 3 rooms within the present Centre for the aforesaid purposes. The reconstruction in the newly acquired premises in order to provide suitable premises for the Clinic will be better studied in the plans accompanying Mr. Goudie's report.

It will be seen that the floor will require uplifting and repairing in the remaining portion of the old "School Room" (the proposed Waiting Room). The solum covered with asphalt and sub-floor ventilation improved. Lining boards stripped from the walls, which will require replastering. It is proposed to place a window in the back wall of this portion of the old "School Room," and to construct a passage from this room below the staircase leading to the proposed Weighing Room. The rooms on the ground floor of the two-storey building are to become the Weighing Room and the Consulting Room respectively. In these the cement floor would require replacing by a wooden one and the walls reconditioned. The door which at present opens from the proposed Weighing Room to the exterior could be built up and replaced by a window. Of the rooms on the upper floor of the two-storey building the larger one is to become a Demonstration Room, and the smaller one to be divided into a cloakroom on one side of the partition, and a lavatory on the other side of the partition, the cloakroom and the lavatory opening by separate doors on to the Demonstration Room. The floors and the walls of these two rooms would require re-conditioning. The partitions between the Demonstration Room and the staircase would have to be carried up to the roof, and the added portion made of glass to preserve the lighting of the staircase, or, alternatively, a skylight window placed in the roof above the staircase. Cupboard accommodation would be required in the Demonstration Room. The heating of the Waiting Room, Weighing Room, Consulting Room and Demonstration Room would be provided from the existing fire places, which would require guards.

Equipment.—Apart from lavatory basins and W.C. etc., the equipment of the present Clinic rooms could be transferred to the proposed rooms.

(Signed) ARCHIBALD PENMAN,
Medical Officer of Health.

After submitting plans to the Scottish Board of Health, it was agreed to combine the Tuberculosis Dispensary and Child Welfare Extension in the same premises, and amended plans were submitted and approved. The work is now being proceeded with.

2.—Ear, Nose, and Throat Ailments consequent upon Infectious Diseases.

I was instructed by the Public Health Committee to report upon this matter. After referring to records at the Child Welfare Centre extending over a period of 5 years, and after consulting the Health Visitor with regard to cases of Otorrhœa met with in her visitations, I found that the number of cases was relatively small and could be referred for treatment to the Royal Infirmary.

I further reported on this matter to the Committee of the Stirling Combination Fever Hospital, presenting an analysis of Ear, Nose and Throat ailments occurring in 200 cases of Infectious Diseases treated in the Hospital. It was decided, in view of the comparatively

high incidence of these ailments, to appoint a local surgeon to treat those conditions, and to refer certain cases of school age to the future care of the School Medical Authorities.

3.—Notification of Ophthalmia Neonatorum.

DEAR SIR,

I have recently received from the Central Midwives Board for Scotland a communication regarding the amendment of the Central Midwives Board Rules relative to Ophthalmia Neonatorum.

In Stirling notifications of Ophthalmia Neonatorum are received from 3 sources (1) Medical Practitioners; (2) Midwives; (3) Health Visitor. On receipt of a notification the Medical Officer of Health visits the case immediately and decides whether (in consultation with the Medical Practitioner when one is engaged by the relatives) the case should be removed to Kildean Hospital or not. We have a very small number of cases per annum within the Burgh, and the expense of notification, etc., is very small. Owing to the serious nature of the disease I consider that the duplication of notification is amply justified. As a matter of fact few Practitioners have found it necessary to claim emergency fees from the Local Authority, as they generally recover the fee for their visits from the relatives.

In view of these facts I deem it inadvisable to absolve the midwives of the responsibility of notification, and would like to retain the co-operation of the Medical Practitioners in such cases. Therefore, I consider, that no change need be made with regard to notification of Ophthalmia Neonatorum in the Burgh of Stirling.

Yours faithfully,

(Signed) ARCHD. PENMAN,
Medical Officer of Health.

P.S.—I understand from the circular that the Midwives and the Scottish Board of Health will not object to local supervising authorities insisting on continuance of present system of notification.

4.—Outfall Sewer at Winchelhaugh for New Housing Scheme No. 1, at Drip Road.

At the beginning of this year the Medical Officer of Health and the Sanitary Inspector were requested to furnish copies of reports to the Scottish Board of Health on the proposed construction of an outfall sewer in the River Forth at Raploch Farm from a sanitary point of view. As the matter was of such importance and urgency, Mr. Fyfe, Sanitary Inspector, and I carried out the investigations without any loss of time, as without such a report it tended to hold up the housing scheme, hence the reason for incorporating the joint report in full at this time.

Public Health Department,
Municipal Buildings,
Stirling, 3rd February, 1926.

The Secretary,
Scottish Board of Health,
121A Princes Street,
Edinburgh.

Dear Sir,

We have been directed by the Town Council of the Burgh of Stirling to furnish a conjoined report from a sanitary point of view on the proposed new outfall sewer in the River Forth at the Raploch Farm.

We understand that this sewer will carry the sewage

- (1) From the new housing scheme consisting of 38 houses on the Winchelhaugh site.
- (2) From the six existing houses in the Drip Road, and
- (3) From the old Raploch Burn.

The sewage effluent from four of the existing houses and the Raploch Burn have been discharging into the river for many years. The first-mentioned source is the only additional sewage to be carried by the proposed sewer, and we estimate that approximately 7,000 gallons—dry-weather flow—will represent the sewage effluent from this additional source.

At present we calculate that the dry-weather flow from a domestic source and trade effluents alone from the burgh of Stirling is 1,300,000 gallons of sewage, of which 862,488 gallons, purely from domestic sources, is discharged daily into the river.

The wet-weather flow amounts to approximately 3,838,496 gallons of “ weak ” sewage in 24 hours.

At various times we are in the habit of estimating the mass effect of this sewage on the purity of the river by chemical examination of the water taken

(1) At Kildean Farm, which is situated at the uppermost limits of the burgh ;

(2) At a point below the Government Stores, which is at the lower limit of the burgh.

We recently took samples at these two points and also a sample from the river at Raploch Farm, the site of the proposed new sewer. We found from the analyses of samples 1 and 2 that the mass effect of the sewage of the burgh when mixed with the river has very little effect on the purity of the water. The analyses of samples 1 and 2 are herewith appended :—

						Parts per 100,000	
In Suspension.						Sample No. 1	Sample No. 2
Mineral Matter	...	...	...	...	...	2·41	2·50
Organic Matter	...	...	...	...	...	0·52	0·60
Total Suspended Matter						2·93	3·10
						Parts per 100,000	
In Solution.						Sample No. 1	Sample No. 2
Mineral Matter	...	...	...	...	...	9·53	9·62
Organic Matter	...	...	...	...	...	1·40	1·65
Total Solid Matter						10·93	11·27
Nitrates stated as Nitrate of Soda						0·060	0·080
Nitrites ...						None	None
Free Ammonia...						0·132	0·149
Albuminoid Ammonia						0·020	0·026
Total Ammonia ...						0·152	0·175
Alkalinity as Carbonate of Lime						3·97	4·12
Chlorine						0·71	0·71
Equal to Chloride of Sodium						1·17	1·17
Colour (Hazen Test)						28	35

In Whole Sample.

Dissolved Oxygen taken up in 5 days	...	...	0·152	0·180
Dissolved Oxygen present in water when received			1·111	1·124
Equal to Dissolved Oxygen in cubic centimetres per litre	...	...	7·75	7·84

We also procured a sample near to the site of the proposed new outfall sewer, and found the result favourable. The analysis of this sample we also append :—

						Parts per 100,000	
In Suspension.						Sample No. 3	
Mineral Matter	...	...	...	...	...	2·55	
Organic Matter	...	...	...	...	...	0·57	
Total Suspended Matter						3·12	

In Solution.

Mineral Matter	...	...	...	...	...	...	...	...	9.64
Organic Matter	...	...	...	...	...	...	...	...	1.65
									<hr/>
Total Solid Matter	...	...	...	...	...	...	...	...	11.29
									<hr/>
Nitrates stated as Nitrate of Soda	...	...	...	...	...	...	...	...	0.080
Nitrites	...	...	...	...	...	...	...	...	None
Free Ammonia...	...	...	...	...	...	...	...	...	0.138
Albuminoid Ammonia	...	...	...	...	...	...	...	...	0.026
									<hr/>
Total Ammonia	...	...	...	...	...	...	...	...	0.164
									<hr/>
Alkalinity as Carbonate of Lime	...	...	...	...	...	...	...	...	4.12
Chlorine	...	...	...	...	...	...	...	...	0.71
Equal to Chloride of Sodium	...	...	...	...	...	...	...	...	1.17
Colour (Hazen Test)	...	...	...	...	...	...	...	...	35

In Whole Sample.

Dissolved Oxygen taken up in 5 days	...	...	...	...	...	...	...	...	0.163
Dissolved Oxygen present in water when received	...	...	...	...	...	...	...	...	1.133
Equal to Dissolved Oxygen in cubic centimetres per litre	...	...	...	...	...	...	...	...	7.90

The mud on the river banks consists of 78.50 per cent of water and 21.50 per cent of solids, the solids being divided into inorganic matter, 16.74 parts, and organic matter, 4.76 parts per 100,000 parts. In all the samples of river water taken, the suspended matter was chiefly of a clayey nature, and therefore mineral.

With regard to Dissolved Oxygen every sample had more than 7 cubic centimetres per litre, and the Dissolved Oxygen absorbed in 5 days ranged from 0.152 to 0.180 part per 100,000, which is considerably below the standard of 0.4 part per 100,000 parts set by the Royal Commission on Sewage Disposal in their eighth report.

We therefore consider that this additional 7,000 gallons of sewage effluent mentioned above will have no appreciable effect, when the discharge of 1,300,000 gallons dry-weather flow has so little effect on the purity of the water.

We further calculated that the dilution of the sewage from the whole burgh, on mixture with the river water, was approximately 207 times.

The site of the outfall sewer is at a point where the river is free from sharp windings. The sewage will discharge below low-water, and the nearest dwelling-house will be 321 yards away.

We therefore consider that no danger to Public Health will arise from the construction of this sewer and the discharge of its effluent into the River Forth.

We are,

Dear Sir,

Your obedient Servants,

ARCHD. PENMAN, Medical Officer of Health.

JOHN FYFE, Sanitary Inspector.

VENEREAL DISEASES REPORT.

The following is the report on the treatment of Venereal Diseases within the Burgh for the year ending 15th May, 1925, submitted by Dr. W. B. G. Angus :—

RETURN RELATING TO ALL PERSONS TREATED AT THE VENEREAL DISEASES TREATMENT CENTRE AT STIRLING, DURING THE YEAR ENDED 15TH MAY, 1925.

Infections	Syphilis		Gonorrhœa		Soft Chanere		Mixed Infections		Conditions other than Venereal		Total	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1. Number of persons who, at the commencement of the year, were under treatment or observation for:— ...	40	34	52	9	...	...	12	3	...	...	104	46
2. Cases in which treatment or observation was commenced during the year:— ...	34	25	92	16	5	...	5	6	40	19	176	66
Total of items 1 and 2	74	59	144	25	5	...	17	9	40	19	280	112
3. Number of persons who ceased to attend the Centre—												
(a) BEFORE completing a course of treatment for:—	8	15	36	3	...	...	2	2	...	...	46	20
(b) AFTER completing a course of treatment but before final tests as to cure of:—	12	16	33	2	...	...	4	...	...	...	49	18
4. Number of persons transferred to other Treatment Centres after treatment for:—	5	2	6	1	...	...	1	1	...	...	12	4
5. Number of persons discharged from the Centre after completion of treatment and observation for:—	8	1	11	1	3	...	1	...	...	...	23	2
6. Number of persons who, at the end of the year, were under treatment or observation for:—	41	25	58	18	2	...	9	6	...	...	110	49
Total of items 3, 4, 5 and 6	74	59	144	25	5	...	17	9	...	...	240	93
7. Total attendances of all persons at the out-patient department who were suffering from:—	560	518	1936	1017	46	...	398	221	40	19	2980	1775
8. Aggregate number of "In-patient days" of treatment given to persons suffering from:—	...	...	...	...	...	...	...	...	...	...	...	...
9. Examinations of Pathological Material:— (a) Specimens examined by the Staff of the Centre ... (b) Specimens from persons attending the Centre which were sent for examination to an approved Laboratory							For detection of			For Wassermann Reaction		
							Spirochetes	Gonococci	Other Organisms			
							7	564	.....	.....

HOUSING.

This is undoubtedly the most important problem of the present time, and certainly the most vital as far as the future well-being of Public Health in all its branches is concerned.

With reference to the condition of housing within the Burgh, I would draw to your attention the statement by the Sanitary Inspector (Mr. Fyfe) early in 1925, and appearing in his Report :—

Condition of Houses	Number of Apartments				Total
	One	Two	Three	Four and Over	
(1) Houses fit for human habitation	52	1335	1061	1764	4212
(2) Houses that can be made fit for human habitation	98	241	46	12	397
(3) Houses that can not be made fit for human habitation	299	87	25	...	411
Total	499	1663	1132	1776	5020

Number of New Houses required to replace (3),	411
Also, say 50% of one-apartment Houses (1 and 2),	75

Total number of New Houses required to replace existing Houses, and to raise the general standard,	486
---	-----

In the eleven years, 1904-1914, houses built to replace existing houses and to meet the demands of increasing population averaged 52 yearly, all having been erected by private enterprise. In the eleven years, 1915-1925, the total number of houses built by private builders and by the Local Authority was 202, or an annual quota of 18 houses (approx.) Since the building of houses became an urgent responsibility of the Local Authority, the yearly average has been raised to 25, which, however, falls far short of the pre-war figure.

The position at present would seem to be that we are not only not overtaking arrears, but are actually in danger of falling further into arrears.

The Town Council, however, have the following houses in course of erection, and contemplate the erection of additional houses.

									Number of houses.
(1) In Course of erection.									
Bannockburn Road Housing Scheme No. 1,	...	...	...	...	...	...	...	66
Lower Castlehill,	...	...	...	...	...	...	...	8
									—
Total,	...	...	...	...	...	...	...	74
									==
(2) Schemes Contemplated.									
Drip Road Housing Scheme No. 1,	...	...	...	...	...	...	...	38
Burnside Road Housing Scheme (provisional),	...	...	...	...	...	...	...	24
Kildean Toll Housing Scheme,	...	...	...	...	...	...	...	3
St. Mary's Wynd (No. 1),	...	...	...	...	...	...	...	11
									—
Total,	...	...	...	...	...	...	...	76
									==

It is pleasing to note that houses built by private enterprise are showing a tendency to increase.

St. Mary's Wynd Improvement Scheme.—The work of demolition under the above Scheme was started during the year, and a number of houses at the junction of Broad Street and St. Mary's Wynd were demolished. The result has been a great improvement from the sanitary point of view. Fresh air and sunlight can now penetrate into the heart of a congested area. It is proposed to erect 11 houses on the site of the demolished houses, and the work of further demolition will proceed as soon as alternative accommodation can be provided for the dehouseed tenants.

MILK AND DAIRIES ACT, 1914.

The Local Authority of the Burgh of Stirling have now made all arrangements necessitated by this Act.

(1) Appointment of Veterinary Surgeon and regulation of his duties.

The Local Authority appointed Mr. George C. Inglis, M.R.C.V.S., as a part-time official, to carry out the duties of Veterinary Surgeon under the Act. Mr. Inglis holds similar appointments under the Local Authorities of County of Clackmannan and Burgh of Alloa. The appointment was approved by the Scottish Board of Health.

The duties of the Veterinary Surgeon were fixed on the lines of the draft regulations issued by the Board with some small re-adjustments to ensure co-operation and prevent overlapping of duties of Medical Officer, Veterinary Surgeon and Sanitary Inspector. The Scottish Board of Health approved of these arrangements.

(2) Appointment of a Committee.

The Duties under the Act were assumed by the Public Health Committee.

(3) Prescribing of Form of Application for Registration and Certificate of Registration.

Model Forms of application for registration and certificate of registration were adopted.

(4) Advertisement in Press, requiring Registration of all dairymen within Burgh.

This was carried out in the usual manner.

(5) Arrangements for Inspection of Dairies.

These duties are to be undertaken by the Veterinary Surgeon and the Sanitary Inspector.

(6) Framing of Dairy Bye-Laws.

These were submitted to the Scottish Board of Health, and approved.

(7) Issue to Dairymen of Leaflet containing short notes of symptoms of more common infectious diseases.

In compliance with this duty, I drew up a leaflet addressed to dairymen explaining

(a) the various ways in which infection may be communicated to milk ;

(b) Symptoms and appearances of Scarlet Fever, Diphtheria, Enteric Fever, etc.

The substance of the leaflet was framed in terms, as far as possible, intelligible to lay persons.

(8) Arrangements for Bacteriological and other examinations of specimens and samples.

It was agreed to forward such specimens and samples to Professor Carstairs Douglas, Anderson College of Medicine, Glasgow, for bacteriological examinations. Many such examinations will also be made in the Municipal Laboratory.

Specimens and samples for chemical analysis will be forwarded to Messrs. Tatlock & Thomson, Glasgow, Analysts for the Burgh of Stirling.

DISEASES OF ANIMALS.

Tuberculosis Orders, 1925.—Under these Orders the slaughter of animals affected with certain specified forms of Tuberculosis is provided for, and the Tuberculosis Order (No. 2) supplements Article 7 of the Public Health (Meat) Regulations (Scotland) 1924, and provides that notice of intention to slaughter shall be given to the Public Health Local Authority, as well as the owner of the animal in cases where it is intended that the carcase, or any part thereof, should be disposed of for human consumption, and that no part of the carcase shall be removed from the premises for that purpose, except with the permission of the Meat Inspector, or of the Medical Officer of Health, or other competent officer where no Meat Inspector has been appointed.

The Local Authority has arranged that the Veterinary Surgeon shall carry out the duties under these Orders.

Anthrax.—One case of Anthrax was notified during the year. This occurred at Queenshaugh Farm, Stirling. The diagnosis was confirmed by examination of the blood. The premises were declared an infected place, contacts isolated, and prompt measures of disinfection carried out. The carcase was destroyed by incineration.

Inspection of Meat.—The Superintendent of the Slaughterhouse, Mr. Peter Thornton, inspects meat of all animals killed in the Slaughterhouse. He condemns on his own responsi-

bility, but if objection is made to sign over meat for destruction, he calls upon the Veterinary Surgeon or Medical Officer of Health for decision.

The Veterinary Surgeon and Sanitary Inspector regularly visit all shops in the town for purposes of inspection of meat, cold storage, and premises in general.

The following are the particulars regarding animals slaughtered in the Public Slaughterhouse during the year 1925, kindly supplied to me by Mr. Peter Thornton, Superintendent.

Inspections at Public Abattoir.

	Oxen.	Bulls.	Cows.	Heifers.	Calves.	Sheep.	Pigs.
Number of Animals Slaughtered ...	1658	314	340	250	537	4968	914
Number of Carcases inspected ...	1658	314	340	250	537	4968	914
Number of Carcases seized wholly...	10	5	20	6	5	21	10
For Tuberculosis... ..	6	4	15	5	3	3	4
For other Diseases	4	1	5	1	2	18	6
Number of Carcases of which portions were seized	11	8	28	4	4	12	5
For Tuberculosis... ..	6	6	20	2	2	2	3
For other Diseases	5	2	8	2	2	10	2
Total Weight (in lbs.) of Meat seized	7131	2424	13,360	2240	420	1364	1620

Emergency Slaughter.

Number of Cases notified... ..	1	...	...	...	...	...	3
Number of Carcases inspected ...	4	1	21	2	3	20	6
Number of Carcases seized wholly...	2	1	...	...	...	...	1
For Tuberculosis... ..	1	1	9	1	...	1	...
For other Diseases ... ..	...	...	7	...	...	5	1
Number of Carcases of which portions were seized	5	1	9	2	2	7	2
For Tuberculosis... ..	3	...	7	1	...	...	2
For other Diseases	2	1	2	1	2	7	...
Total Weight (in lbs.) of Meat seized	2072	476	5218	508	28	420	304
Number of dead or moribund animals admitted to Slaughterhouse accompanied by a Certificate by a Veterinary Surgeon ... ..	...	...	...	...	...	...	12
Cause of death or nature of illness stated in the above Certificates :—							
Calving. Anthrax. Braxy. Inflammation.							
Number of the above cases in which proceedings before the Sheriff, Magistrate, or Justice of the Peace were taken before diseased meat was destroyed ... ..	...	...	...	...	...	...	None.
Number of Animals refused admission ... ..	...	...	...	...	...	...	None.

On my visits to the Slaughterhouse I was entirely satisfied that it was being conducted in a satisfactory manner and with a minimum of nuisance.

FACTORIES, WORKSHOPS, AND WORKPLACES.

1.—INSPECTION OF FACTORIES, WORKSHOPS, AND WORKPLACES (including Inspections made by Sanitary Inspector).

Premises.	Number of	
	Inspections	Written Notices.
Factories (including Factory Laundries),	41	4
Workshops (including Workshop Laundries),	66	8
Workplaces (Other than Outworkers' premises),	10	1
Total,	117	13

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS, AND WORKPLACES.

Particulars.	Number of Defects	
	Found.	Remedied.
Nuisances under the Public Health Acts :—		
Want of cleanliness,	3	3
Want of ventilation, ... ..	...	...
Overcrowding, ... ..	...	...
Want of drainage of floors, ... ..	...	...
Other nuisances,	11	11
Sanitary accommodation	insufficient ... ..	...
	unsuitable or defective,	2
	not separate for sexes, ... ..	...
Offences under the Factory and Workshop Acts :—		
Illegal occupation of underground bakehouse (s. 101) ... ..	...	...
Total,	16	16

LABORATORY REPORT.

SUMMARY OF EXAMINATIONS MADE AT MUNICIPAL LABORATORY.

(1) From Practitioners, Royal Infirmary, etc.

Swabs for Bacillus Diphtheriae,	Negative	181
	Positive	25
Swabs for Cerebro-Spinal Meningitis,	Negative	6
	Positive	52
Sputa for Bacillus Tuberculosis,	Negative	24
	Positive	8
Smears for Gonococcus	Negative	14
	Positive	18
Urines,		4
Blood for Widal Reaction,	Negative	1
	Positive	3
Cerebro-Spinal Fluid,		16
Miscellaneous,		
Total		352

(2) From Stirling Combination Fever Hospital.

Swabs for Bacillus Diphtheriae,	Positive	20
	Negative	73
Blood for Widal Reaction,	Positive	...
	Negative	1
Urine for Analysis and Bacteriological Examination,		4
Sputa for Bacillus Tuberculosis,	Positive	3
	Negative	1
Cerebro-Spinal Fluid for Bacillus Tuberculosis,	Positive	...
	Negative	1
Total		103

SPECIMENS SENT TO THE ANDERSON COLLEGE OF MEDICINE, GLASGOW (PROFESSOR
CARSTAIRS DOUGLAS).

(1) From Practitioners.

Swabs for Bacillus Diphtheriae,	Positive	2
	Negative	8
Blood for Widal Reaction,	Positive	2
	Negative	1
Sputa for Bacillus Tuberculosis,	Positive	8
	Negative	30
Urine for Bacteriological Examination,		1
	Total,	<u>52</u>

(2) From Stirling Combination Fever Hospital.

Swabs for Bacillus Diphtheriae,	Negative	2
Sputa for Bacillus Tuberculosis,	Negative	1
Cerebro-Spinal Fluid for Bacillus Tuberculosis,	Negative	1
Faeces for Bacillus Typhosus or Paratyphosus,	Negative	2
	Total,	<u>6</u>

The Municipal Laboratory, which was re-opened on the 23rd March, 1925, has been freely made use of by the local Practitioners, as will be seen from the increased number of examinations carried out there. During the nine months of 1925, when the Laboratory was open, 455 specimens were examined and reported upon. The Laboratory not only has provided to the local Practitioners a ready means of confirming the diagnosis of Infectious Disease, but has resulted in a great saving to the Local Authority (over £100 being saved in Bacteriologist's fees).

APPENDIX—TABLE I.

CAUSES OF DEATH (CORRECTED FOR TRANSFERS).

CAUSES OF DEATH	ALL AGES			AGE											
	Both Sexes	Males	Females	—1	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85 & over
*Enteric Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
*Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
*Scarlet Fever	2	2	...	5	3	...	...	...	...	...	...	...	...	...	...
*Whooping-Cough	8	8	...	...	...	...	...	...	...	...	...	...	...	...	...
*Diphtheria	2	2	...	1	1	...	...	...	...	...	...	...	...	...	...
Influenza	3	2	1	...	...	...	...	...	...	1	...	1	...	...	1
Encephalitis Lethargica ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Meningitis	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...
Other Epidemic Diseases ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of Respiratory System	16	8	8	...	...	...	...	5	4	3	3	...	1	...	...
Tuberculous Meningitis	8	2	6	2	6	...	...	...	...	...	...	...	...	...	...
Tuberculosis of Intestines and Peritoneum	2	...	2	...	2	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Disease	4	4	...	1	1	...	...	...	1	...	...	...	...	...	...
Malignant Tumours	33	17	16	...	...	...	...	...	...	2	10	10	8	2	1
Rheumatic Fever	2	1	1	...	...	...	1	...	...	...	...	...	...	1	...
Meningitis (not Cerebro-Spinal or Tuberculous)	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...
Apoplexy	18	8	10	...	...	...	...	...	...	...	2	2	7	7	...
Heart Disease	27	11	16	...	...	...	...	1	...	1	3	8	5	9	...
Diseases of Arteries	4	3	1	...	...	...	...	...	...	...	...	...	1	1	2
Bronchitis	22	8	14	1	1	...	...	...	...	...	3	4	4	6	3
Pneumonia (all forms)	12	8	4	1	8	...	...	...	...	1	2	...	...	...	...
Other Diseases of Respiratory System	2	2	...	...	...	...	...	...	...	...	...	1	...	...	...
*Diarrhea and Enteritis (under 2 years)	4	3	1	3	1	...	...	...	...	...	...	...	...	...	...
Appendicitis	2	2	...	...	...	...	...	1	...	1	...	...	...	...	...
All Diseases of Liver (not Malignant)	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Nephritis, Acute and Chronic	6	4	2	...	...	...	...	...	...	...	3	2	1	...	...
Puerperal Sepsis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases and Accidents of Pregnancy and Parturition	4	...	4	...	...	...	...	...	2	2	...	...	...	...	...
Diseases of Early Infancy and Malformations ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide	19	10	9	18	...	1	...	...	...	...	...	...	...	...	...
Other Violent Deaths ... ..	...	...	...	...	...	...	2	1	1	3	1	1	...	2	...
Other Defined Diseases	52	23	29	7	2	1	...	1	1	6	2	5	5	9	13
Causes Ill-defined or Unknown	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...
All Causes	268	138	130	40	31	3	3	9	9	20	29	34	33	37	20

APPENDIX.—TABLE 2.

RETURN OF INFANT MORTALITY FOR THE YEAR 1925.

Deaths from stated causes at various Ages under 1 year of age.

CAUSE OF DEATH				Under 1 Week	1, and under 2 Weeks	2, and under 3 Weeks	3, and under 4 Weeks	Total under 4 Weeks	4 Weeks, and under 3 Months	3, and under 6 Months	6, and under 9 Months	9, and under 12 Months	Total Deaths under 1 Year			
All Causes	{	Certified	...													
		Uncertified	...													
{	Smallpox	...	...											
	Chicken-pox	...	...											
	Scarlet Fever	...	...											
	Measles	...	...											
	Whooping-Cough	...	...							3	I	I	5	
	Diphtheria and Croup	...	...								I		I	
	Erysipelas	...	...											
	Tuberculous Meningitis	...	...								I	I	2	
	Abdominal Tuberculosis	...	...											
	Other Tuberculous Diseases	...	...								I		I	
	Meningitis (not Tuberculous)	...	...							I			I	
	Convulsions	...	...	2				2	I	I	I	2	6	
	Pneumonia (all forms)	...	...						I				I	
	Bronchitis	...	...										I	
	Laryngitis	...	...											
	Diarrhœa and Enteritis	...	...						I	I	I		3	
	Other Digestive Diseases	...	...											
	Congenital Malformations	...	...		I			I					I	
	Premature Birth	...	...	9				9					9	
	Atrophy, Debility & Marasmus	...	...	I	I	2	I	5	I		I		7	
	Atelectasis	...	...											
	Injury at Birth	...	...											
	Suffocation, overlying	...	...											
	Syphilis	...	...											
	Rickets	...	...											
	All other Causes	...	...	I				I		I			2	
	Total				13	2	2	I	18	4	7	8	3	40		
	Births in the Year				{		Legitimate	481	Deaths in the Year				{		Legitimate Infants	38
					{		Illegitimate	32					{		Illegitimate Infants	2

